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			EXAMINER	INTERV	TEW SU	MMARY	recòri	D			
All participants (applicar	nt, applicant	's represent	ative, PTO per	sonnel):							
11) JULIA	ABER	ζ			(3)						4-14
12) LAURIE	Α.	S CHE	INER		(4)						
Date of interview	5 30	1 .	``								
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Type: 🗹 Telephonic	☐ Person	al (copy is g	iven to a	oplicant (☐ applica	int's repre	sentative).				
Exhibit shown or demon	stration con	ducted: [] Yes ☑ No	. If yes, b	rief descr	iption:		٥			
Agreement 🔲 was read	hed with re	spect to som	ne or all of the	claims in q	uestion.	☑ was	not reached	i.			
Daims discussed:	NA										
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dentification of prior ar	t discussed:	19	Λ								
Description of the genera	I nature of	what was ag	reed to if an a	greement w	as reache	d, or any o	other comm	ents: I	NFOI	7 MED	APPLICAN
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A fuller description, if	necessary, a	and a copy	of the amendr	ments, if av	ailable, w	vhich the	examiner aç	greed w	ould rene	der the cla	ims allowable must b
ttached. Also, where no	copy of the	e amendmen	ts which woul	d render th	e claims a	llowable i	s available,	a summ	ary there	of must be	attached.)
Inless the paragraphs be NOT WAIVED AND MU ast Office action has alre	JST INCLU	DE THE SU	JBSTANCE O	F THE INT	TERVIEW	V (e.g., ite	ms 1-7 on	the rev	erse side	of this forr	n). If a response to th
☐ It is not necessary	for applica	nt to provid	e a separate red	cord of the	substance	of the in	terview.				
Since the examine requirements that response requirem	may be pre	esent in the	last Office act	ing any atta tion, and sin	achments nce the cl) reflects aims are n	ow allowab	e, this هــــــــــــــــــــــــــــــــــــ	complete	of the obj	ections, rejections an onsidered to fulfill th
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Examiner's Signature